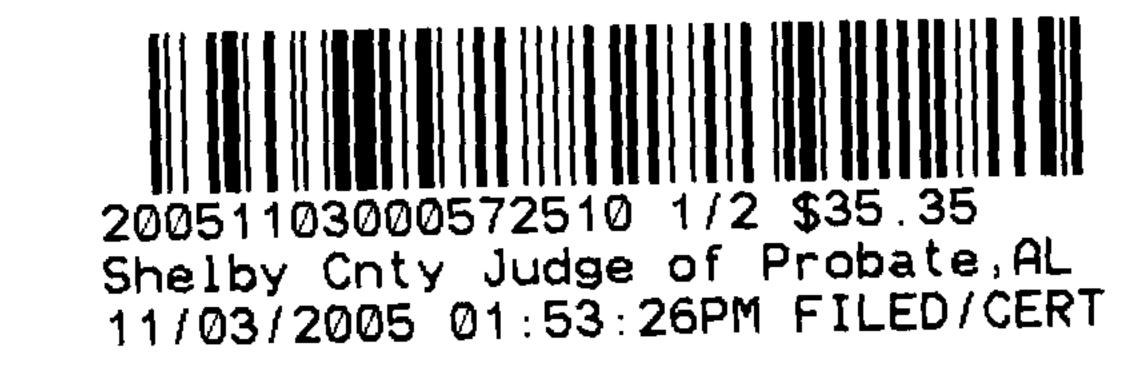
1/27/15 11/1 6/4/9	Matath 185

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)



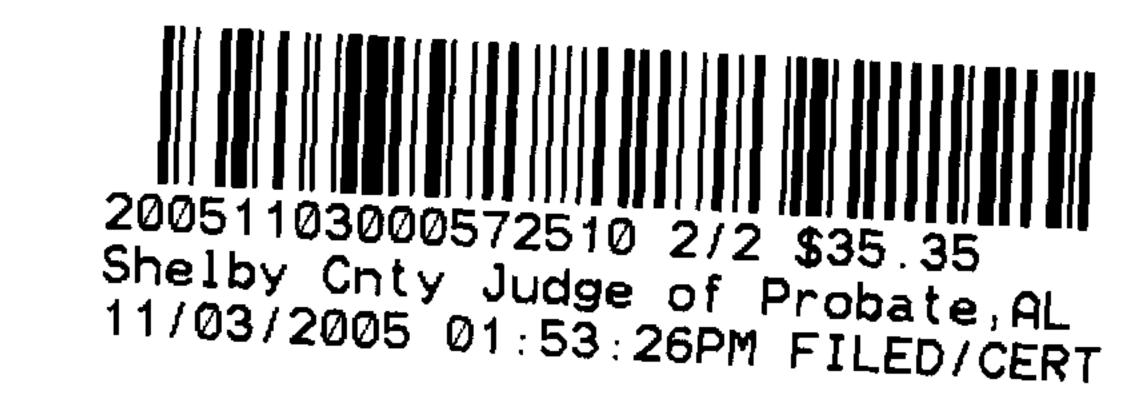
## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

JOYCE BRUNO (773) 380-7310 X109

		PORATION VR SUITE 300				
			THE	ABOVE SPACE IS FO	R FILING OFFICE US	SEONLY
DEBTOR'S EXACT F		- insert only <u>one</u> debtor nam	e (1a or 1b) - do not abbreviate or combine names			
R 1b. INDIVIDUAL'S LASTNAME		FIRST NAME	MIDDLE	MIDDLE NAME		
ABBOTT			KELLY			
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
68 FOREST	<del></del>		STERRETT	AL	35147	
SEEINSTRUCTIONS	ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZA	ATION 1f. JURISDICTION OF ORGANIZATIO	ON  1g. ORG	ANIZATIONAL ID#, if any	NC
	<del></del>	LEGAL NAME - insert	only <u>one</u> debtor name (2a or 2b) - do not abbreviate	e or combine names		
2a. ORGANIZATION'S	NAME					
2b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZA	ATION 2f. JURISDICTION OF ORGANIZATIO	ON 2g. ORG	ANIZATIONAL ID #, if any	
SECURED PARTY	S NAME (or NAME of	TOTALASSIGNEE of ASS	IGNOR S/P) - insert only <u>one</u> secured party name (3a	or 3b)		
3a. ORGANIZATION'S			lacktriangleright			
CASTLE CREDIT CORPORATION  3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
					, v. (,,v.)	
MAILING ADDRESS	<u> </u>		CITY	STATE	POSTAL CODE	COUNTRY
420 WEST B	RYN MAW	R SUITE 300	CHICAGO	IL	60631	
This FINANCING STATES VATER TREAT  10DEL #: 30179	MENT SYST		INIT : RAINSOFT			
NSTALLED AT	: 668 FOREST	Γ LAKE DR., S	TERRETT, AL 35147 THE	E ORIGINAL		
COUNTY: SHELBY BY THIS FINANCING						
HIS IS A FIXT	URE FILING			TEMENT IS S DUE.S		
						٨
ALTERNATIVE DESIGNA	ATION [if applicable]:		CONSIGNEE/CONSIGNOR BAILEE/BA			NON-UCC FIL
This FINANCING STA ESTATE RECORDS. OPTIONAL FILER REFER	······································		in the REAL 7. Check to REQUEST SEARCH [if applicable] [ADDITIONAL FEE]	[optional]	All Debtors	Debtor 1 Deb



OLLOW INSTRUCTIONS (front and both). NAME OF FIRST DEBTOR (1a or	<u></u>	EMENT				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME ABBOTT	FIRST NAME KELLY	MIDDLE NAME, SUFFIX				
). MISCELLANEOUS:						
			TUE ADOVE	CDACE	IS FOR FILING OFFICE	E LICE ONI V
1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only one nat	me (11a or 11b) - do not abbrevi				
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
Ic. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	' '	11f. JURISDICTION OF ORGAN	IIZATION	11g. ORG	SANIZATIONAL ID #, if any	NO
ADDITIONAL SECURED PAI 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			
12b. INDIVIDUAL'S LAST NAME	12b. INDIVIDUAL'S LAST NAME			MIDDLE NAME SUF		SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. Description of real estate:		16. Additional collateral descrip	otion:			
ACCOUNT NUMBER: Document 20050811000412	2260					
LEGAL DESCRIPTION OF Lot#:17 Book:28 Pg:94 Sub-SECTOR 1						
<ol> <li>Name and address of a RECORD OWN (if Debtor does not have a record interes</li> </ol>						
		17. Check only if applicable and Debtor is a Trust or Telephone 18. Check only if applicable and	rustee acting with re	spect to p	roperty held in trust or	Decedent's Est
		Debtor is a TRANSMITTING Filed in connection with a Filed in connection wit	GUTILITY  Manufactured-Home 1	Fransaction		